Circle of Care Program Snapshot:

**Annual Foot Care Events:**
The Annual Foot Care Event travels to various Indigenous communities upon request.

The IDHC Circle of Care program works with a local host organization and the IDHC regional Family Wellness Workers (FWW) to set up a clinic. The local host can also request a clinic along with various workshops facilitated by either a Circle of Care Rep or the FWW.

The program organizes local Chiropodists, Foot Care Nurses and Reflexologists to come to various communities and provide foot care services once a year. This mobile clinic ensures foot care for those who may not be able to make it to a service provider.

Each participant will receive a healthy foot assessment from a foot care specialist, and an introductory session with a Reflexologist. All treatments are optional.

**Self-Care Resource Kit:**
The Self Care Resource Kit was created to assist our Indigenous community members when practicing daily self-care.

The kit is given at our outreach and foot care events. The kit contains tools and education to perform daily foot care.

All resources are available for Indigenous Diabetic Programs in our catchment area via [WWW.IDHC.LIFE](http://www.idhc.life) upon request, and are also available for purchase.

**Kit Contents:**
- Diabetic Socks
- Foot Care DVD
- Inspection Mirror
- IDHC Pamphlet Series
- Bar of Soap
- Reminder Magnet and Pen
- Inspirational Stone
- First Aid Kit … …AND MORE!

**Ongoing Foot Care Clinics:**
A Sustainable Clinic is a relationship between:

a) the Host Organization

b) a IDHC Service Provider and

c) IDHC.

IDHC will initiate the relationship between the Host and the Service Provider. The Host Organization would be in contact with the service provider to choose tentative dates for future clinics. Dates are scheduled 6-8 weeks apart.

When a community has between 6-15 candidates for subsidies, a Sustainable Clinic may be the most reasonable solution. The Host secures a time and place for the ongoing care and provides healthy snacks.

**Foot Care Subsidy:**
IDHC’s main priorities are:

1. Indigenous people
2. living with diabetes,
3. that have current foot concerns,
4. are “high risk” under LEAP ranking,
5. and elders whom
6. do not qualify for any other funding resources.

IDHC’s application form for the subsidy program is available on our website under the “Circle of Care Forms” tab. This component is set up for ongoing treatment at foot care office sites. Limited coverage for orthotics and shoes is available for qualifying applicants.
Diabetic Foot Facts

- Diabetes affects about 5% of the world population. Higher in Canada.
- Almost half (43%) of all diabetics have their first hospital admission associated with a foot ulceration / infection.
- Every 30 seconds a leg is lost to diabetes somewhere in the world.
- Up to 70% of all amputations are in relation to diabetes.
- Diabetes = up to 40 times more likely to have an amputation.
- Up to 5% of all diabetics currently have a foot problem.
- Foot complication is the number one cause of hospital admissions for diabetics.
- Most amputations begin with ulceration. (85% +)
- One in 6 diabetics will develop an ulceration in their life time.
- Mortality rate is high post amputation or ulceration.

BUT WHY???

- Sensation loss…undetected injury. Not Able to feel pain.
- Present in 60% + all longstanding diabetics
- Circulation loss…A 70 year old person with diabetes has a 70 times increased chance for gangrene versus a non-diabetic of the same age…200 times increased chance if also a smoker.

Jonathon Clarke
RVH DMC Foot Clinic
(705) 739-5652 ex 23314
Who makes up the IDHC Foot Care Team?

Foot Care Specialists, such as chiropodists or foot care nurses, are medically trained to identify and treat many of our common foot concerns.

Very importantly, they can check our foot circulation and test the nerves in our feet.

This test uses a small plastic string to touch the skin on the feet and how well we can sense it. It is called the monofilament test.

Along with daily self-inspections, those living with diabetes should have a professional foot screening at least once per year.

Reflexology is the application of pressure to areas on the feet, hands and ears. Reflexology is generally relaxing and may be an effective way to alleviate stress.

The theory behind reflexology is that these areas correspond to organs and systems of the body. Proponents believe that pressure applied to these areas affects the organs and benefits the person’s health.

Reflexologists use foot charts to guide them as they apply pressure to specific areas.

Derived from Mayo Clinic 2016

Together, our foot care specialists and reflexologists work to help us walk with happy, healthy feet!
My Diabetic Journey

I was born at Nut Lake Indian Reserve (Rose Valley Sask.) in 1952. Today, this reserve is known as Yellow Quill First Nation. For the first 13 years of my life, I lived a cultural, and traditional, native lifestyle.

Our diet consisted of food that was derived from the local wild vegetables, berries, herbs, and wildlife that were abundant in the area that I grew up in.

At ten years old, my life was turned upside down by the separation of my parents, (My siblings and I lived with our father,) and again at thirteen with my introduction to the foster home system.

Since that time I have been living a lifestyle, and eating a diet that my body was not accustomed to, and which I had not lived for the first thirteen years of my life.

I have lived most of my adult life with this deadly silent disease called Diabetes. Due to my ignorance of this disease, and with no education or information offered to me about diabetes from my Doctor, I suffered from all the complications that are a result of this disease.

In 1974, I was diagnosed as a diabetic, given a prescription for some pills, and sent home. A few months later, on an unrelated doctor’s visit, I was asked to take some blood tests. From this, I was then told that my blood sugar levels were way too high, and that I would have to take some injections of insulin to control my diabetes. I was given an orange, a syringe and was told to practice injecting a saline solution into the orange for a few minutes. I was then informed that I knew what I was doing. I was then given another prescription for syringes, insulin and sent on my way again. I was never given any education on how to control my diabetes.

I always felt like I was carrying around a silent disease that I couldn’t talk about to anyone. Diabetes was such a silent disease that no one ever mentioned the word. It wasn’t until years later that I received any information on this illness, and the complications that could arise because of the
uncontrolled sugar levels in my blood.

I continued to work as a carpenter until Sept. 1999. It was at this time that I had developed kidney failure, and had to go on dialysis. Due to my ignorance of this disease, and the uncontrolled level of my blood sugars, I continued to experience drastic complications of this deadly disease. In 2001, I had to have a Stent put in my heart because one of my aorta valves had collapsed in my heart.

In the fall of 2002, two small toes were amputated from my left foot due to an infection and poor circulation. In 2003 I also had eye surgery because I was going blind. I had cataracts removed from both my eyes and implants were put in to help me see. Previous to this operation I’d also had several laser procedures done to both of my eyes, which had caused major scarring on both retinas.

On April 13, 2004 I had a cadaver renal transplant, which gave me a new lease on life. Six months after my transplant, I went back to work. A few months later, I stubbed my right big toe. It got infected, and because of poor circulation due to my diabetes, I had to undergo an amputation on my right leg on March 1, 2005.

It was at this time in my life that another complication of diabetes occurred. Depression and mental illness is a major part of diabetes in the Native community, and it occurs when people don’t know how to talk to anyone about what is happening to them. After my amputation, I turned to pain killer medication to help forget the pain that I was going through physically, and mentally. I was so busy feeling negative and blaming everyone else but myself for what I was going through. I started to push away, and hurt the people that were closest to me. (My immediate family). The turning point in my self-destructive journey was when I went and talked to a traditional counselor at the Can-Am Centre in Windsor On. He talked to me about my Native traditional and cultural roots and that, I should use the teachings I had accumulated in my past, to help me on my healing journey.

My future goal is to promote Health and Wellness in the Native community, and to educate diabetics about this silent deadly disease we call “diabetes.” In order for me to do this I went back to school, and graduated with a diploma from the Community Worker Program at George Brown College. I had acquired the tools I needed to help me do some in-depth research, and further educate myself on this disease.

A couple of the venues that I used in my educational process were while I was in college. I did my work placement with Mary Pheasant, a Family Wellness Workers, who was working for SOADI (Southern Ontario Aboriginal Diabetes Initiative).

In early 2009 I was also involved in making an informative and educational documentary on diabetes within the Indigenous community with Director Lalita Kirshna from In-sync Video. This documentary is called “A Bit of Sugar”, which will be shown on OMNI Television in early 2010. What I went through all these years living with diabetes and the complications that arise from this disease, and the informative lifestyle I’m living today, gives me the confidence to write that, it is with passion I say that; “knowledge and education is the key in controlling this disease and to live a happy and healthy life.” I will continue to provide my knowledge and educate people on diabetes in the future.

Sincerely, John (Victor) Munroe

The great John (Victor) Munroe has now entered the spirit world his story forever carries on.
Common Foot Problems

1. Bunion
   When the base of your big toe extends beyond the normal profile of your foot, the bump that results is called a bunion.

2. Ulceration
   Between toes from wearing thongs. Caused from external pressure in a small defined area.

3. Corn
   Callus of distal part of lateral sole. Cracking allows entry of bacteria.

4. Ingrown Toenail
   Results when toenail grove into the flesh of the toe. Tissue around the nail becomes infected.
Common Foot Problems

- Callus: Produced by pressure or friction. Can be large or poorly defined area of thickened skin.
- Bunion: Excessive bony growth with callus formation.
- Corn: In a small defined area. Caused from external pressure or becomes infected.
- Ulceration: Tissue breakdown where skin is an open sore.
- Ingrown Toenail: Flesh of the toe, tissue around the nail becomes infected. Result when toenail grows into the skin.

Foot Problemscake referancing: 8-16-2014
## Reflexology Possible Reactions:

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cold</strong></td>
<td>The client may feel cold due to relaxation with the removal of stress enhanced circulation, and the evaporative cooling effect of perspiration.</td>
</tr>
<tr>
<td><strong>Taste in Mouth</strong></td>
<td>May have disagreeable taste in mouth due to cleansing of toxins within the digestive system.</td>
</tr>
<tr>
<td><strong>Perspiration</strong></td>
<td>May cause perspiration due to detoxification, relaxation with the removal of stress, enhanced circulation, and the release of excess fluid in the lymph.</td>
</tr>
<tr>
<td><strong>Mucus</strong></td>
<td>May be caused by detoxification, release of mucus from the sinuses and the walls of the small and large intestines.</td>
</tr>
<tr>
<td><strong>Frequent Bowel Movements</strong></td>
<td>May cause frequent bowel movements due to the stimulation of the digestive system (normalizing the functions) due to the following:</td>
</tr>
<tr>
<td></td>
<td>• Liver increases bile production</td>
</tr>
<tr>
<td></td>
<td>• Gallbladder releases bile for emulsifying fats</td>
</tr>
<tr>
<td></td>
<td>• Pancreas aiding the digestive functions</td>
</tr>
<tr>
<td></td>
<td>• Small and large intestines processing, passing and eliminating food and waste materials</td>
</tr>
<tr>
<td></td>
<td>• Ileocecal valve elicits peristalsis for elimination</td>
</tr>
<tr>
<td><strong>Tiredness</strong></td>
<td>May cause tiredness due to relaxation with the removal of stress, normalizing metabolisms and the body responding in a parasympathetic response to elimination</td>
</tr>
<tr>
<td><strong>Headache and Nausea</strong></td>
<td>May cause headaches due to detoxification, removal of stress including psychological stress and enhanced circulation. Nausea may be caused by detoxification and improved digestion</td>
</tr>
<tr>
<td><strong>Eyes Watering</strong></td>
<td>May cause the eyes to water due to the cleansing release from the lacrimal glands because of enhanced circulation and relaxation with the removal of stress</td>
</tr>
<tr>
<td><strong>Pain Release</strong></td>
<td>May cause the release of pain the in nerves and muscles, parts, organs or glands due to the relaxation and removal of stress because of enhance circulation, and the parasympathetic response to balance</td>
</tr>
<tr>
<td><strong>Skin Reaction</strong></td>
<td>May cause a skin reaction due to the detoxification of an existing disorder affecting the body because of enhanced circulation and the normalization of the metabolism</td>
</tr>
<tr>
<td><strong>Gas Release</strong></td>
<td>May cause gas due to the improved digestive functions and the removal of stress due to relaxation</td>
</tr>
<tr>
<td><strong>Increased Urination</strong></td>
<td>May cause increased urination due to the normalization of the urinary system because of obstruction release, relaxation with the removal of stress, normalized metabolisms and the parasympathetic response to balance</td>
</tr>
<tr>
<td><strong>Improved Digestion</strong></td>
<td>May cause improved digestion and appetite due to the normalization of the digestion system because of the relaxation with the removal of stress and parasympathetic response to balance</td>
</tr>
</tbody>
</table>
My Healthy Feet Checklist Instructions

Checking your feet each day will help you to keep your feet healthy. Small cuts can go unnoticed. They can become infected if you do not take a close look at your feet regularly. It is best to check your feet every day. Use this checklist to help you keep track of checking your feet each day for a week. When the week is over, start a new checklist for the next week.

Place My Healthy Feet Checklist in a spot where you will see it every day such as on the fridge or in your bathroom. Ask a family member to help remind you to check your feet every day.

Instructions

You will need to use a dry erase pen if you have the laminated version.

1. Write the week across the top.

2. After you do each step, check off the box beside it under the day of the week.

3. For step #5, place a check mark beside YES or NO:
   - If you find changes in your feet, follow the instructions below under “If Yes”.
   - If there are no changes in your feet, follow the instructions below under “If No”.

# My healthy feet checklist

**I have healthy feet because ...**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have looked at my feet today.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have washed my feet today.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have dried between my toes.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have put lotion on the tops and bottoms of my feet.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have found changes in my feet today.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**If Yes:**
- I have decided to get help and called my health care provider for an appointment, or will visit an urgent care centre.

__date & time of appointment__

**If No:**
- I have put on my clean, light coloured socks.
- I have checked my shoes and put them on.